THE CHRONIC SEQUENCES OF CEREBRAL HÆMORRHAGE.

In the "Virginia Medical Monthly," April, 1891, Dr. J. Leonard Corning, reports the case of a man, aged fifty-two years, who came under his observation two years after having a cerebral hæmorrhage. The left side was still paralyzed, but there was no history of aphasia. Evidences of contracture in the affected hand were first noticed after the paralysis had lasted four months. In three weeks after the advent of rigidity, it was noticed that the healthy right arm and hand were thrown into a state of mild tremor whenever movements were attempted with the left hand. Soon after the appearance of the tremor in the healthy limb the left shoulder began to be stiff and painful, the joints of the fingers became swollen and sensitive, and in a short time the joints of the toes on the affected side were also implicated. The toe joints and those of the fingers of the healthy side became likewise acutely inflamed. This acute inflammatory condition in great measure disappeared, but a deformity of both hands remained, as well as profound derangement of the vaso-motor mechanism. Dr. Corning considers this unique case a good illustration of post-hemiplegic joint affections, and not the least of its interesting features is the extension of the inflammation to the joints of the healthy limbs. A. F.

SPINAL SYPHILIS.

In the "Montreal Medical Journal," March, 1891, F. G. Finley, M.D., reports a case of syphilis, myelitis and hemiplegia in which the nervous symptoms came on at a very early date. Although it is unusual to find either myelitis or hemiplegia until after a lapse of several years, yet in this instance spinal symptoms supervened not more than eight months after chancre, and hemiplegia in about sixteen months. A. F.

INTERMENINGEAL HEMORRHAGE IN THE NEWBORN.

In the "Wienerklin.Woch." 1890, No. 46, Kundrat speaks of the intermeningeal hemorrhages of the newborn as being isolated and primary, thus differing from all other intermeningeal hemorrhages that occur at a later period. Such hemorrhages occur in two forms. The more frequent is hemorrhage into the pia mater. In the other form, which often occurs in combination with the first, there are hemorrhages between the dura and the arachnoid. They are often so large that they produce perceptible flattening of the hemisphere, and even cranial asymmetry. Such hemorrhages are found in children who are born asphyxiated, or in those who are born breathing, but in whom the respiration gradually ceases after a few hours or a few days. In the first case, the lung is found in a condition of atelectasis from the very beginning. In the second case, the lung has returned to its fœtal condition of atelectasis. This condition is so characteristic that from the atelectasis existing in children who have breathed we may conclude with certainty that intermeningeal hemorrhage has taken place. This atelectasis is due to the pressure of the extravasation upon the brain.

These conditions are usually found in cases of spontaneous birth. They are of more frequent occurence than has generally been assumed, but do not always end fatally. In regard to the origin of these hemorrhages, the writer holds the following views: The pressure arising during the passage of the head through the pelvis produces a displacement of the parietal bone, and in consequence a compression of the superior longitudinal sinus and its connecting veins, whereby a passive congestion of the convexity of the brain takes place, and, through the tension, a tearing of the veins. Such hemorrhages also occur at other points—for instance, over the cerebellum. They are of similar origin. Probably the very rare hemorrhage into the choroid plexus belongs to the same class. (Cent. f. klin. Med. No. 13, 1891.)

W. M. L.

THERAPEUTICAL.

RESECTION OF THE OPTIC NERVE.

"Medical and Surgical Reporter," February 7, 1891, L. Webster Fox, M.D., writes that if this operation as a substitute for enucleation can be performed with complete protection against sympathetic ophthalmia, it will be a boon to many unfortunates. It is performed as follows: An incision is made in the conjunctiva over the insertion of the external rectus, and two silk threads passed through the muscle near its tendinous insertion. The muscle is cut and drawn to the temple side, exposing the globe. The nerve